

MSFC ERGONOMIC CHECKLIST

EVALUATION NUMBER:

(Mail Code)

(Year)

(Request Type
*1 or 2)

(Sequential
Number)

EMPLOYEE NAME:

ORG. CODE:

BUILDING:

ROOM:

DATE:

ITEM	O.K.	CORRECTIVE ACTION	DATE ORDER PLACED	DATE CORRECTED/ ORDER RECEIVED
1. Work Surface at proper height (elbows should be at 90-degree angle)				
2. Edges Protected (rounded or padded where forearms are rested)				
3. Proper Posture (back in neutral position, knees at 90-degree angle, forearms parallel to floor)				
4. Chair-Back Support (this can be gotten through "Just In Time" ordering)				
5. Chair - (seat pan size correct)				
6. Chair - (armrests adjustable)				
7. Monitor - (16-29 inches away or at arms-length and positioned directly in front of keyboard)				
8. Monitor - Glare (glare screen may be obtained from substore)				
9. Keyboard (positioned directly in front of user)				
10. Mouse - (on same level as keyboard)				
11. Wrist Supports - (for the keyboard and the mouse, these may be obtained from the substore)				
12. Other: Foot-rests (substore), phone-rests, headsets, and trackball mouse (ODIN), document holders ("Just In Time" ordering)				

EMPLOYEE SIGNATURE:

FURNITURE REPRESENTATIVE:

- ☐ Request Type 1*
- ☐ Recommended to go to the Medical Center
- ☐ Letter received from OMEHS

*Type 1 request must have an OSHA Recordable Case Number and a NASA Form 1627, (Contractors: call your Safety Representative).

NOTE: If medical treatment or evaluation is deemed necessary because physical complaints currently exist, please contact Occupational Medicine and Environmental Health Services (OMEHS) at 544-2390.

NOTES:

